

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective NB: 07/10/06 Ren: 07/10/06

(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation.</u>	<u>\$15,551,112</u>	<u>5.1%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so,  
specify: All classes

Brief description of filing. (If filing following rates of an advisory organization,  
specify organization): Rate revision deviating from the National Council on Compensation Insurance.

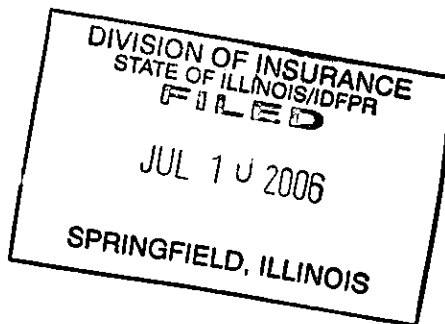
\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Auto-Owners Insurance Company  
Name of Company

Jennifer L. Smith, Administrator  
Official - Title

30004 (6-77)



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/1/2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$1,705,736	13.86%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: At this time, we would like to file  
a loss cost multiplier of 1.378 for class code 8116.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): At this time we would  
like to revise our loss cost multiplier to 1.723 for all classes except class code 8116 and our loss cost multiplier for this class to 1.378.

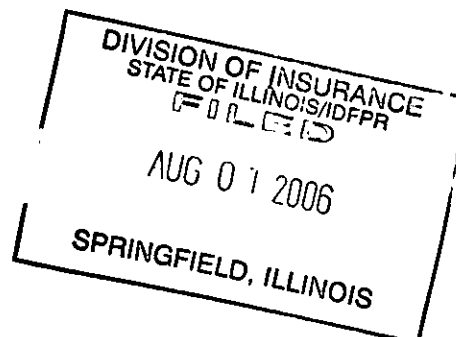
\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Farmland Mutual Insurance Company

Name of Company

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/1/2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$3,160,232	13.91%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: At this time, we would like to file  
a loss cost multiplier of 1.198 for class code 8116.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): At this time we would  
like to revise our loss cost multiplier to 1.498 for all classes except class code 8116 and our loss cost multiplier for this class to 1.198.

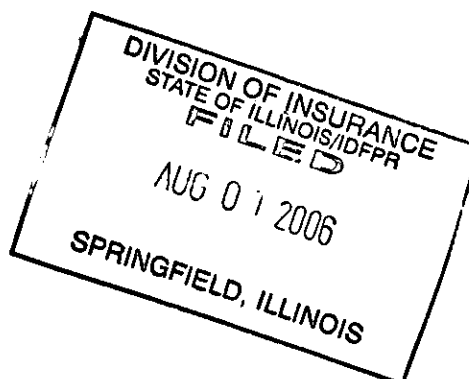
\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Nationwide Agribusiness Insurance Company

Name of Company

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective NB: 07/10/06 Ren: 07/10/06

(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> .	\$20,347,352	4.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so,  
specify: All classes

Brief description of filing. (If filing following rates of an advisory organization,  
specify organization): Rate revision deviating from the National Council on Compensation Insurance.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

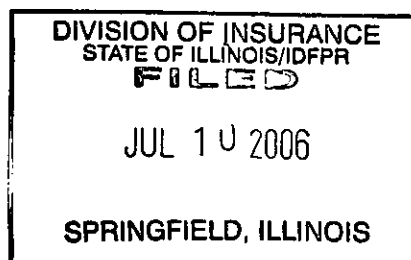
Owners Insurance Company

Name of Company

Jennifer L. Smith, Administrator

Official - Title

30004 (6-77)



**SUMMARY SHEET**

Form (RF-3)

Change in Company's premium or rate level produced by rate revision  
effective: October 15, 2006

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other: <u>Workers Compensation</u>	<u>\$2,269,583</u>	<u>6.1%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory(ies) or certain classes? No  
If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): \_\_\_\_\_

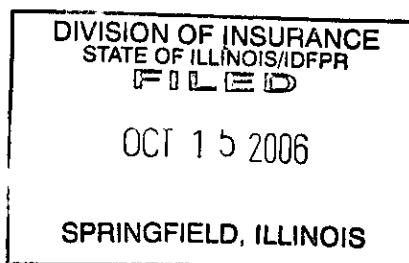
Adopt NCCI's 01/01/06 loss costs, revise loss cost multiplier, revise expense constant, revise ceiling minimum  
premium, revise minimum premium multiplier, revise Terrorism wording, and adopt revisions to basic manual  
classifications and rules announced in Countrywide Item B-1394

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of  
new rates.

State Automobile Mutual Insurance Company  
Name of Company

Kathy Hartwell, Supervisor, State Filings  
Official - Title



# SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision  
effective: October 15, 2006

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other: <u>Workers Compensation</u>	<u>\$613,813</u>	<u>-7.2%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory(ies) or certain classes? No

If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt NCCI's 01/01/06 loss costs, with NCCI advisory rates, commission will be flat 5%, revise expense constant, revise ceiling minimum, premium, revise minimum premium multiplier, revise Terrorism wording, and adopt revisions to basic manual classifications and rules announced in Countrywide Item B-1394

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

State Auto Property and Casualty Insurance Company  
Name of Company

Kathy Hartwell, Supervisor, State Filings  
Official - Title

